

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6	1					
7						
8						
9						
10						
11	1					
12						
13						
14						
15						
16						
17						
18	1					
19						
20						
21						
22						
23	1					
24						
25						
26						
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28	<u>SK 500</u>					
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50						
TOTAL IND.	6		↓		↓	
TOTAL DEP.	27	↔		↔		↔
TOTAL CLAIMS	33					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY